

CONTRACT AMENDMENT REQUEST

UNIT REALLOCATION



Vendor/Program:	Agency Code:
Requested by:	Date:
Reason for Request:	
Service Type:	Contract #:

Unit Rate	Type	Current Units	Current Contract (\$) Amount	New Contract (\$) Amount	(\$) Difference
55.17	individual				
66.23	family				
21.47	group				
55.17	case consult				
13.25	psycho-ed				
16.77	acupuncture				
59.64	day tx				
59.64	enhanced DT				
10.21	dosing				
75.00	bed day				
34.11	PG				
58.52	PP				
TOTAL (\$)					

BSAS Regional Manager : _____ Date: _____

MIS / Fiscal Office : _____ Date: _____